

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have questions about this notice, please contact the Community Mental Health Authority – Clinton Eaton Ingham (CMHA-CEI) Privacy Officer, 812 E. Jolly Road, Lansing, MI 48910, 517-346-8193.

WHO WILL FOLLOW THIS NOTICE:

This notice describes CMHA-CEI's practices and that of:

- Any mental health professional authorized to enter information into your record.
- Staff and students of all departments and units of CMHA-CEI.
- Any member of a volunteer group we allow to help you while you are receiving services at CMHA-CEI.

OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION:

We understand that information about you and your mental health is personal. We are committed to protecting mental health information about you. We create a record, paper and electronic, of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by CMHA-CEI or CMHA-CEI personnel.

This notice will tell you about the ways in which we may use and disclose mental health or medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of mental health and/or medical information.

We are required by law to:

- Make sure that information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to mental health and/or medical information about you;



- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose mental health and/or medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use information about you to provide you with mental health treatment or related services. We may disclose information about you to any doctors, treatment team and their supervisors, support staff or students who are involved in taking care of you or your records while you are at CMHA-CEI. For example, a doctor treating you for depression may need to know if you are taking medication for seizures before prescribing medication for the depression. In addition, different departments within CMHA-CEI may need to share information about you in order to coordinate the different things you need. If you were to visit our emergency services department, they would need to know if you have a current record at CMHA-CEI and specifics of your treatment. We may disclose information about you to people outside CMHA-CEI who may be involved in your care, such as hospitals, pharmacists or laboratories.
- **For Payment.** We may use and disclose information about you so that the treatment and services you receive at CMHA-CEI may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the treatment you receive at CMHA-CEI so that your health plan will pay us or reimburse you for treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose information about you for CMHA-CEI's operations. These uses and disclosures are necessary to run CMHA-CEI, and make sure that all our consumers receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff. We may also combine information about many consumers to decide what additional services CMHA-CEI should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to clinicians, doctors, nurses, students and other personnel for review and learning purposes. We may share information with your care providers over a health information exchange. We may also



combine the information we have with information from other mental health facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of mental health information so that others may use it to study mental health care without learning who the specific consumers are.

- **Business Associates.** There are some services provided in our organization through contacts with business associates. For example, the nurse may have to send your blood to a laboratory for testing prior to giving you a medication. The lab is not a part of CMHA-CEI but, CMHA-CEI will have a business relationship with the lab. When any services are contracted, we may disclose your health information so they may perform the job we've asked them to do and bill you or your health plan. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or care at CMHA-CEI.
- **Fund raising.** We may use information to contact you as part of a fund raising effort. You have the right to opt out of receiving such communications.
- **Treatment Alternatives.** We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in your care or Payment for Your Care.** With your consent, we may, notify or release information about you to a friend or family member who is involved in your care. We may also, with your consent, give information to someone who helps pay for your care.
- **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, involving individuals not employed by CMHA-CEI, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the need for your privacy. Before we use or disclose information for research, the project will



have been approved through this research approval process, but we may, however disclose information about you to people preparing to conduct a research project, for example, to help them look for clients with specific mental health needs, so long as the information they review does not leave the premises. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or if they will be involved in your care at CMHA-CEI.

- **As Required By Law.** We will disclose information about you when required to do so by federal, state or local law. For instance, the State of Michigan requires that we submit certain sets of information to the Department of Community Health.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose information to a health oversight



- agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order.
 - **Law Enforcement.** We may release information to a law enforcement official:
 - in response to a court order;
 - to identify or locate missing person
 - If we believe that there is a duty to warn an individual of risk of harm by another individual.
 - **Coroners, and Medical Examiners** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
 - **National Security and Intelligence Activities.** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 - **Protective Services for the President and Others.** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign head of state or to conduct special investigations.
 - **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
 - **Confidentiality of Alcohol and Drug Records.** The confidentiality of alcohol and drug abuse records maintained by CMHA-CEI is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a you attend the program, or disclose any information identifying you as an alcohol or drug abuser unless one of the following conditions is met:
 - you consent in writing



- the disclosure is allowed by court order
- the disclosure is made to emergency personnel for an emergency or to a qualified person for research, audit or program evaluation

Violation of the federal law and regulations by CMHA-CEI is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by you either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

YOUR RIGHTS REGARDING MENTAL HEALTH/MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding mental health/medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy information, from your record, that may be used to make decisions about your care. You have the right to request that the copy be provided in an electronic form or format. If the form and format you request are not readily producible, than CMHA-CEI will work with you to provide it in a reasonable electronic form or format. Usually, this includes medical and billing records, but may not include psychotherapy notes.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to your primary therapist, case manager or supports coordinator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by CMHA-CEI will review your request and the denial. The person conducting the



review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend Your Record:** If you believe that your personal health information or treatment record is incorrect or that an important part of it is missing, you have the right to ask us to amend your treatment record. You must provide your request and your reason for the request in writing, and submit it to your primary therapist, case manager, or supports coordinator. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend personal health information that:
 - is accurate and complete;
 - was not created by CMHA-CEI, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
 - is not part of the Personal Health Information kept by or for CMHA-CEI
 - is not part of the Personal Health Information which you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures that we made, other than those covered in this notice, of information about you.

To request this list of accounting of disclosures, you must submit your request in writing to your primary therapist, case manager or supports coordinator. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You or your parent if you are a minor child or your guardian must provide written authorization to have information about your mental health treatment shared with others. However, you have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or



friend. For example, you could ask that we not use or disclose information, to your spouse, about a particular drug you are taking.

We are not required to agree to your request, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid CMHA-CEI in full. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to your primary therapist, case manager or supports coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to your primary therapist, case manager or supports coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
- **Notified of a Breach.** CMHA-CEI is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and or notify you following a breach of unsecured protected health information.

You may obtain a copy of this notice at our website, www.ceicmh.org. To obtain a paper copy of this notice, contact your primary therapist, case manager or supports coordinator.



CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all CMHA-CEI locations. This notice will contain, on the first page, in the top right-hand corner, the effective date. In addition, when you register to begin treatment at CMHA-CEI, we will offer you a copy of the current notice in effect.

COMPLAINTS ABOUT PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with CMHA-CEI or with the Secretary of the Department of Health and Human Services. To file a complaint with CMHA-CEI, contact the Office of Recipient Rights, 812 E. Jolly Road, Suite G10, Lansing, MI 48910. Phone: 517-346-8249.

You may also file a complaint with the Office of Civil Rights, US Dept of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill 60601.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MENTAL HEALTH/MEDICAL INFORMATION.

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

